

## **BAYOU HEALTH Reporting**

Document ID:	P114
Document Name:	Grievance, Appeal, and Fair Hearing Log (redacted)
Health Plan ID:	<u>2162934</u>
Health Plan Name:	<u>***</u>
Health Plan Contact:	<u>***</u>
Deliverable Type:	Report
Reporting Frequency:	Quarterly
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File Type:	Excel
Subject Matter:	Member Services (S)

AmeriHealth Caritas Louisiana  
BAYOU HEALTH Grievances and Appeals Report

II. Review Activities

	Grievances	Appeals	State Fair Hearings
Number of grievances/appeals reviewed:	206	50	4
Number of grievances/appeals resolved:	210	39	0
Number of State Fair Hearing level appeals withdrawn:	NA	NA	4
Number of grievances/appeals considered invalid:	3	30	NA
Average length of time to complete each grievance/appeal/State Fair Hearing:	14	13	0
Number of overturned decisions at State Fair Hearing Level:	NA	NA	0
Number of health plan appeals reversed in the member's favor:	NA	30	NA
Percentage of appeals overturned at the State Fair Hearing level:	NA	NA	0
In health plan level appeals where the decision was reversed in the member's favor, what were the most common reasons?			
Additional supporting documentation received			
In State Fair Hearing cases where the decision was overturned in the member's favor, what were the most common reasons?			
List the top 5 reasons that were most commonly the subject of grievances/appeals:			
Member Charged for Service			
Lack of Concern/Uncaring Attitude			
Office Staff is Rude/Inconsiderate			
ID Card Issue			
Clinical/Quality Care			
Additional Information Required for Annual Report Submission			
	Grievances	Appeals	State Fair Hearings
Number still pending at the end of Contract Year 2013:	55	6	0
Percentage of appeals reversed in Contract Year 2013:	NA	73%	0

AmeriHealth Caritas Louisiana Reason Summary Chart				
Reason Number Code	Reason	Number of Grievances	Number of Appeals	Number of State Fair Hearings
1	Quality of Care	18	0	0
2	Accessibility of office	4	0	0
3	Attitude/Service of staff	80	0	0
4	Quality of office, building	0	0	0
5	Timeliness	1	0	0
6	Billing and Financial issues	92	0	0
7	Clinical Criteria Not Met - Durable Medical Equipment	0	8	0
8	Clinical Criteria Not Met - Inpatient Admissions	0	1	0
9	Clinical Criteria Not Met - Medical Procedure	0	5	0
10	Prior or Post Authorization	37	29	0
11	Lack of Information from Provider	0	17	2
12	Level of Care Dispute	0	5	0
13	Not a State Plan Services	0	2	0
14	Other (Must provide description in narrative column of Summary Reports)	34	7	2
TOTALS		266	74	4
DO NOT ADD OR CHANGE REASON CODES				